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|---|----------------------------------|---|---|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |                                  | Docket Number (Optional)<br>31672-224622    |   |
| Application Number      10/665,522-Conf. #5813  |                                  | Filed      September 22, 2003               |   |
| For    FENOFIBRATE COMPOSITIONS HAVING ENHANCED BIOAVAILABILITY   |                                  |   |   |
| Art Unit      1615  |                                  | Examiner    Hasan Syed Ahmed                |   |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                                  |   |   |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                                  |   |   |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))    | <u>Fee</u><br>\$150                         | <u>Small Entity Fee</u><br>\$75      \$ _____ |
| <input checked="" type="checkbox"/>   | Two months (37 CFR 1.17(a)(2))   | \$560                                       | \$280      \$ 560.00                          |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3)) | \$1270                                      | \$635      \$ _____                           |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1980                                      | \$990      \$ _____                           |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2690                                      | \$1345      \$ _____                          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |   |   |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |   |   |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |   |   |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                  |   |   |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0261</u> .                 |                                  |   |   |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>               |                                  |   |   |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |   |   |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |   |   |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>46,180</u>  |                                  |   |   |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |                                  |   |   |
| _____<br>/Keith G. Haddaway/<br>Signature   |                                  | _____<br>November 7, 2011<br>Date           |   |
| _____<br>Keith G. Haddaway, Ph.D.<br>Typed or printed name  |                                  | _____<br>(202) 344-4000<br>Telephone Number |   |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                                  |   |   |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.  |                                  |   |   |